

BOATING ACCIDENT REPORT

Report Number: \_\_\_\_\_

(for official use only)

The operator/owner of a vessel used for recreational purposes is required to file a boating accident report within forty-eight hours any accident resulting in the loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$200 or complete loss of the vessel. All other accidents are required to be reported within seven days of the accident. This form is provided to assist the operator/owner in filing the required written report. PLEASE COMPLETE BOTH SIDES OF THE FORM.

Accident date: \_\_\_\_\_ Number towed: \_\_\_\_\_ Disappearance ☐   
Waterway: \_\_\_\_\_ Number injured: \_\_\_\_\_ Alcohol involved ☐   
Nearest town: \_\_\_\_\_ Number of vessels in accident: \_\_\_\_\_ Rented vessel ☐   
County: \_\_\_\_\_ Number of people aboard: \_\_\_\_\_ Damages > \$200? ☐   
Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Injury or First Aid ☐

WEATHER: VISIBILITY: WIND: WATER CONDITIONS:  
☐ Clear ☐ Good ☐ None ☐ Calm: waves <6" Water Temp: \_\_\_\_\_  
☐ Cloudy ☐ Fair ☐ Light 0-6 mph ☐ Choppy: waves 6"-2' Air Temp: \_\_\_\_\_  
☐ Rain ☐ Poor ☐ Moderate 7-14 mph ☐ Rough: waves 2'-6' ☐ Strong Current  
☐ Hazy ☐ Strong 15-25 mph ☐ Very rough: waves >6'  
☐ Foggy

TYPE OF ACCIDENT: (a maximum of 3 choices)

☐ Capsizing ☐ Grounding ☐ Flooding/swamping ☐ Starting engine ☐ Other: \_\_\_\_\_  
☐ Collision w/fixed object ☐ Falls overboard ☐ Fall in boat ☐ Struck by boat  
☐ Collision w/floating object ☐ Fire/explosion (fuel) ☐ Sinking ☐ Struck by motor/prop  
☐ Collision w/vessel ☐ Fire/explosion (other) ☐ Skier mishap ☐ Struck by submerged object

CAUSE OF ACCIDENT: (a maximum of 3 choices)

☐ Alcohol use ☐ Congested waters ☐ Careless/reckless operation ☐ Drug use ☐ Equipment failure  
☐ Excessive speed ☐ Failure to vent ☐ Hazardous waters ☐ Hull failure ☐ Ignition of fuel/vapor  
☐ Improper anchoring ☐ Improper landing ☐ Lack of or improper boat lights ☐ Machinery failure  
☐ Operator inattention ☐ Operator inexperience ☐ Overloading ☐ Passenger/skier behavior  
☐ Restricted vision ☐ Weather ☐ Sharp turn ☐ Standing/sitting on gunwales  
☐ Starting in gear ☐ No proper lookout ☐ Rules of road infraction ☐ Other (describe): \_\_\_\_\_

MACHINERY FAILURE:

☐ Electrical failure ☐ Engine ☐ Fuel System ☐ Shift ☐ Steering ☐ Throttle ☐ Ventilation

EQUIPMENT FAILURE:

☐ Auxiliary ☐ Communication ☐ Visual Distress Signal ☐ Sail Demasting ☐ Seat Broke Loose  
☐ Sound Producing Equipment ☐ Fire Extinguisher not serviceable

ACCIDENT DESCRIPTION: (Attach additional sheets if necessary)

NON-VESSEL PROPERTY DAMAGE:

Est. Amount: \$ \_\_\_\_\_

Description of Property: \_\_\_\_\_

Vessel Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Tele: (H) \_\_\_\_\_ (W) \_\_\_\_\_

OPERATOR (if different than owner):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tele: (H) \_\_\_\_\_ (W) \_\_\_\_\_

OPERATOR EDUCATION

☐ None  
☐ Informal  
☐ State Course  
☐ USCG Auxiliary  
☐ American Red Cross  
☐ US Power Squadron

OPERATOR EXPERIENCE

☐ Under 10 hours  
☐ 10-100 hours  
☐ Over 100 hours

Operated while intoxicated/arrest? ☐ Y ☐ N

# of Boating Citations: \_\_\_\_\_

**VESSEL INFORMATION:**Model: \_\_\_\_\_ Boat Name: \_\_\_\_\_ Registration Number: HA \_\_\_\_\_

Hull I.D. Number: \_\_\_\_\_ Boat Length: \_\_\_\_\_ Year Built: \_\_\_\_\_

Fuel: ☐ Gas ☐ Diesel Documented Number: \_\_\_\_\_ Number of Engines: \_\_\_\_\_ Horse Power: \_\_\_\_\_**BOAT TYPE:**☐ Open Motorboat  
☐ Auxiliary Sail  
☐ Rowboat  
☐ Thrill Craft  
☐ Houseboat☐ Cabin Motorboat  
☐ Sail (only)  
☐ Canoe/Kayak  
☐ Pontoon  
☐ Other**HULL MATERIAL:**☐ Wood ☐ Steel  
☐ Aluminum ☐ Fiberglass  
☐ Rigid Hull ☐ Other  
Inflatable  
☐ Rubber/Vinyl/Canvas**PROPULSION:**☐ Propeller  
☐ Water Jet  
☐ Air Thrust  
☐ Manual  
☐ Sail**ENGINES:**☐ Outboard  
☐ Inboard  
☐ Inboard/Stern Drive**CG PFD's**On Board: ☐ Y ☐ N  
Were PFD's Used ☐ Y ☐ N**FIRE EXTINGUISHERS:**On Board? ☐ Y ☐ N  
Were they used? ☐ Y ☐ N

Type(s): \_\_\_\_\_

**OPERATION AT TIME OF ACCIDENT (a minimum of 3 choices):**☐ Changing Speed ☐ Changing Direction ☐ Cruising ☐ Drifting ☐ Towing Another Boat  
☐ Being Towed ☐ Rowing/Paddling ☐ Sailing ☐ Launching ☐ Docking/Undocking  
☐ At Anchor ☐ Tied to Dock/Mooring ☐ Other (describe): \_\_\_\_\_SPEED: ☐ Not moving ☐ Under 10mph ☐ 10-20mph ☐ 21-40mph

VESSEL DAMAGE (estimate): \$ \_\_\_\_\_

**ACTIVITY AT TIME (a maximum of 3 choices):**☐ Commercial Fishing ☐ Diving/Swimming ☐ Fishing ☐ Fueling ☐ Racing ☐ Repairs  
☐ Skiing/Tubing ☐ Starting Engine ☐ Tournament**INJURY #1 (if more than 1 injury, attach additional sheets) INJURY CAUSED BY:**Name: \_\_\_\_\_ ☐ Impact w/Boat ☐ Treatment More than First Aid  
Address: \_\_\_\_\_ ☐ Impact w/Water ☐ Admitted to Hospital  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ ☐ Propeller Injury ☐ Struck by Boat  
Date of Birth: \_\_\_\_\_ Tele: \_\_\_\_\_ ☐ Impact w/Fixed Object PFD worn? ☐ Y ☐ N**PRIMARY INJURY AND/OR SECONDARY INJURY (mark primary as number 1 and secondary as number 2):**☐ Amputation ☐ Back Injury ☐ Broken Bone(s) ☐ Burns ☐ Contusion  
☐ Dislocation ☐ Head Injury ☐ Hypothermia ☐ Internal Injuries ☐ Laceration  
☐ Neck Injury ☐ Shock ☐ Sprain/Strain ☐ Spinal Injury ☐ Teeth**FATALITY #1 (if more than 1 fatality, attach additional sheets):****VICTIM WAS:****DEATH CAUSED BY:**Name: \_\_\_\_\_ ☐ Operator ☐ Drowning ☐ Water-skier  
Address: \_\_\_\_\_ ☐ Passenger ☐ Hypothermia  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ ☐ Swimmer ☐ Trauma  
Date of Birth: \_\_\_\_\_ ☐ Propeller Injury ☐ Other (describe): \_\_\_\_\_**FATALITY #1 ACTIVITY:**☐ Fishing ☐ Swimming ☐ Waterskiing ☐ Skin Diving ☐ Other  
PFD worn: ☐ Y ☐ N Type of PFD worn: I II III IV V  
Victim Disappeared: ☐ Y ☐ N Ability to Swim: ☐ Y ☐ N**WITNESSES:**1. Name Address City Zip Tele:  
2. Name Address City Zip Tele:**PERSON COMPLETING REPORT**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Tele: (H) \_\_\_\_\_ Tele: (W) \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Received by:

Date Received:

Conclusion(s):